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CONFIRMATION NO. 9166

<b>SERIAL NUMBER</b> 10/666,579	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> A-2845-AL
<b>APPLICANTS</b> Henry Kahle, Trabuco Canyon, CA; Payam Adlparvar, Lake Forest, CA; Gary M. Johnson, Mission Viejo, CA;				
<b>** CONTINUING DATA *****</b> <i>None rec</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None rec</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 12/10/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Carol Johnson</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 35
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 21378				
<b>TITLE</b> Surgical instrument access device				
<b>FILING FEE RECEIVED</b> 810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	